

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038070

1. Entity Name
LAKELAND NEUROMUSCULAR CENTER, INC.

FILED

Apr 29, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address			
422 S. FLORIDA AVE. STE. D		422 S. FLORIDA AVE. STE. D			
LAKELAND	FL	LAKELAND	FL		
33801		33801			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		422 S. FLORIDA AVE.			
STE. D		STE. D			
City & State		City & State			
LAKELAND		FL			
Zip	Country	Zip	Country		
33801		33801			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARINO RICHARD PRESIDE 422 S. FLORIDA AVE. STE. D LAKELAND FL 33801				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **RICHARD CARINO**

04/29/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CARINO RICHARD M.D. 422 SOUTH FLORIDA AVENUE SUITE D. LAKELAND FLORIDA FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **richard carino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres 04/29/2001

Date

Daytime Phone #

CR2E034 (11/00)